

LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

1596

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 6-3-08

6-3-08
CR-0394984
6/10/08

1072389

1. NAME James W. Autry
as _____ First _____ MI _____

2. BUSINESS PHONE (901) 867-1599
Area Code and Phone Number _____

3. BUSINESS ADDRESS 942 Shady Grove Rd., Memphis, TN 38120
Street and No. _____ City _____ State _____ Zip _____

MAILING ADDRESS 942 S Shady Grove Rd., Memphis, TN 38120
Street and No. _____ City _____ State _____ Zip _____

4. EMPLOYER DEX - Corporation

5. EMPLOYER'S ADDRESS 942 S Shady Grove Rd., Memphis, TN 38120
Street and No. _____ City _____ State _____ Zip _____

6. LIST BELOW: (a) Name; (b) persons, groups, or organizations which you represent; (c) the address of each such person, group, or organization you represent; (d) the type of business each is engaged in or the purpose or function of the organization or group;
(d) whether or not the person or organization has a right to lobby

Name of Ex. Comporitition _____

Address 142 S Shady Grove Rd., Memphis, TN 38120

Business or purpose Transportation, Logistics, & Printing

Does this person have a right to lobby _____

If No, who says so? _____

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Lobbyist's Registration Number

1. Name _____

Address _____

Business or purpose _____

Does this person pay \$1000? _____

If No, who pays? _____

2. Name _____

Address _____

Business or purpose _____

Does this person pay \$1000? _____

If No, who pays? _____

3. Name _____

Address _____

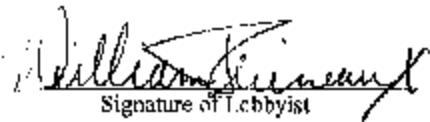
Business or purpose _____

Does this person pay \$1000? _____

If No, who pays? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 21:50 et seq.] has been deliberately omitted.


Signature of Lobbyist